

12/11/01

130 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	M-8577-3D US
	First Named Inventor or Application Identifier	Michael A. Klug
	Title	Method And Apparatus For Recording One-Step, Full-Color, Full-Parallax, Holographic Stereograms
	Express Mail Label No.	EL 830057615 US

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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> <small>(Submit an original, and a duplicate for fee processing)</small> 2. Application: <input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 35 pages) Appendix(ces) ____, & __ (____ pages) <input checked="" type="checkbox"/> Claim(s) 12 pages <input checked="" type="checkbox"/> Abstract of the Disclosure 1 page 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 27] 4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> c. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of ____ pages of microfiche containing ____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) ____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(combined when there is an _____ with Patent Declaration, Assignee) _____ above.)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) & <input type="checkbox"/> PTO-1449 Citations/References <input checked="" type="checkbox"/> PTO-1449 References not included. Cited in parent application SN 09/098,581. 12. <input checked="" type="checkbox"/> Preliminary Amendment 3 pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small> 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed ____ pages <input checked="" type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appl.; <input type="checkbox"/>			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional of prior application No. <u>09/098,581</u> Filed on <u>June 17, 1998</u> , entitled: <u>Method And Apparatus For Recording One-Step, Full-Color, Full-Parallax, Holographic Stereograms.</u> PRIOR APPLICATION INFORMATION: Examiner: <u>C. Curtis</u> Group Art Unit: <u>2872</u>			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below			
Name	Marc R. Ascolese		Reg. No. 42,268
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19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
7	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	0	x	\$18	=	\$ 0.00
3	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))				+	\$280.00	=	
						BASIC FEE (37 CFR 1.16(a))		= \$ 740.00
						Total of above Calculations		= \$ 740.00
						Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28)		= \$ 370.00
						TOTAL		= \$ 370.00

20. **FEES:** The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **19-2386:**

- a. ☒ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
 b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
 c. ☐ Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. ☐ Other: _____

NOTE:

The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

☐ New correspondence address below

NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
COUNTRY	TELEPHONE	FAX			

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Skjerven Morrill MacPherson LLP 25 Metro Drive, Suite 700 San Jose, CA 95110 Tel. (512) 794-3600 Fax. (512) 794-3601		
Date:	December 11, 2001	
Name	Marc R. Ascolese	Reg. No. 42,268
Signature		
Express Mail Label No.	EL 830057615 US	